

**Travel & Expense Account
Transmittal Sheet**

After Approval, Mail Receipts To

HEADQUARTER ACCOUNTING
P.O. Box 187019
Sacramento, CA 95818



| | |
|----------------------|-------------------|
| Employee Name | CATE, MATTHEW |
| Expense Dates | 01/22/10-01/24/10 |
| Total Expense Amount | 819.30 |
| Amount Due Employee | 427.80 |
| Form ID | TEA000608781 |

DIRECTIONS FOR SUBMISSION

1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

| | Date | Expense Item | Amount | If not submitted - Explain |
|----|-------|-------------------|--------|----------------------------|
| 1) | 01/22 | O/S Lodging | 134.40 | |
| 2) | 01/23 | O/S Incidentals | 6.00 | |
| 3) | 01/23 | O/S Lodging | 134.40 | |
| 4) | 01/24 | O/S Incidentals | 6.00 | |
| 5) | 01/24 | O/S Parking, Auto | 45.00 | |

2. *Forward Transmittal Sheet and attached documentation through your approval process.*

| CLAIM EXCEPTION(S) | | | |
|--------------------|------------------|--|----------|
| | Item | Exception | Response |
| 1) | #A6 DPA required | Document of Prior Approval required for Out of State Travel. | Yes |

I have reviewed the following documents.

Approved
by:

Brett H MORGAN

Travel & Expense Account Summary

Employee Name MATTHEW CATE
Expense Dates 01/22/10-01/24/10
Report Name Travel January 2010

Request Total \$ 819.30
Direct Charge Total - 391.50
Travel Advances - 0.00
Net Due Employee = 427.80

| Trip Totals | | |
|-----------------------|-----------|--------------|
| Trip/Expense Category | Trip Name | Total Amount |
| Regular Travel | ACA/ASCA | 819.30 |

NOTE: (d)=Direct Charge

| DATE | Fri Jan 22 | Sat Jan 23 | Sun Jan 24 | | | | | | | TOTAL |
|---------------------------------------|---------------|---------------|---------------|--|--|--|--|--|--|---------------|
| O/S Breakfast | 6.00 | 6.00 | 6.00 | | | | | | | 18.00 |
| O/S Meals/Incidentals, Non-Comm, full | 10.00 | 10.00 | 10.00 | | | | | | | 30.00 |
| O/S Dinner | 18.00 | 18.00 | 18.00 | | | | | | | 54.00 |
| O/S Commercial Air Fare (d) | 391.50 | | | | | | | | | 391.50 |
| O/S Lodging | 134.40 | 134.40 | | | | | | | | 268.80 |
| O/S Incidentals | | 6.00 | 6.00 | | | | | | | 12.00 |
| O/S Parking, Auto | | | 45.00 | | | | | | | 45.00 |
| TOTALS \$ | 559.90 | 174.40 | 85.00 | | | | | | | 819.30 |

Travel & Expense Account Summary & Detail

| Trip/Expense Category | Trip Name | Date | Expense Item | Amount | Payment Type |
|-----------------------|-----------|----------|-----------------------------------|--------|---------------|
| Regular Travel | ACA/ASCA | 01/22/10 | O/S Breakfast | 6.00 | Cash |
| Regular Travel | ACA/ASCA | 01/22/10 | O/S Meals/Incidents,Non-comm,full | 10.00 | Cash |
| Regular Travel | ACA/ASCA | 01/22/10 | O/S Dinner | 18.00 | Cash |
| Regular Travel | ACA/ASCA | 01/22/10 | O/S Commercial Air Fare | 391.50 | Direct Charge |
| Regular Travel | ACA/ASCA | 01/22/10 | O/S Lodging | 134.40 | Cash |
| Regular Travel | ACA/ASCA | 01/23/10 | O/S Breakfast | 6.00 | Cash |
| Regular Travel | ACA/ASCA | 01/23/10 | O/S Meals/Incidents,Non-comm,full | 10.00 | Cash |
| Regular Travel | ACA/ASCA | 01/23/10 | O/S Dinner | 18.00 | Cash |
| Regular Travel | ACA/ASCA | 01/23/10 | O/S Incidentals | 6.00 | Cash |
| Regular Travel | ACA/ASCA | 01/23/10 | O/S Lodging | 134.40 | Cash |
| Regular Travel | ACA/ASCA | 01/24/10 | O/S Breakfast | 6.00 | Cash |
| Regular Travel | ACA/ASCA | 01/24/10 | O/S Meals/Incidents,Non-comm,full | 10.00 | Cash |
| Regular Travel | ACA/ASCA | 01/24/10 | O/S Dinner | 18.00 | Cash |
| Regular Travel | ACA/ASCA | 01/24/10 | O/S Incidentals | 6.00 | Cash |
| Regular Travel | ACA/ASCA | 01/24/10 | O/S Parking, Auto | 45.00 | Cash |



For questions regarding this folio, please call
Marriott Business Services toll-free 1-866-435-7627.

GUEST FOLIO

700 South Florida Avenue, Tampa, FL 33602 • 813.221.4900 • Marriott.com/TPAMC

Room 503 CATE/MATTHEW

Rate 120.00 Depart 01/24/10 Time 11:36 ACCT# 13772

NSKG

Arrive 01/22/10 Time 16:35

Room 14 174 RD SUITE 106

Clerk 02184 BRAINTREE MA

Payment VSXXXXXXXXXXXX1846

MR#:

| DATE | REFERENCE | CHARGES | CREDITS | BALANCE DUE |
|---------------------------|-----------|---------|---------|------------------|
| 01/22 | ROOM REV | 503, 1 | 120.00 | |
| 01/22 | ROOM TAX | 503, 1 | 8.40 | |
| 01/22 | OCC TAX | 503, 1 | 6.00 | |
| 01/23 | ROOM REV | 503, 1 | 120.00 | |
| 01/23 | ROOM TAX | 503, 1 | 8.40 | |
| 01/23 | OCC TAX | 503, 1 | 6.00 | |
| 01/24 | CCARD-VS | | 268.80 | |
| PAYMENT RECEIVED BY: VISA | | | | XXXXXXXXXXXX1846 |

.00

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
DARLENE.CONROY@CJCH.NET
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Sacramento Int'l
Airport

Card Account : XXXXXXXXXXXX1722

Card Type : Visa

Authorization Code : 681316

Cashier : 66 Seq # 49370

License Plate : XX NOPLATE

Ent : 05:28 01/22/10 Lane 37

Exit: 21:06 01/24/10 Lane 52

FEE \$ 45.00
AMOUNT TEND \$ 45.00
CASH \$ 0.00
CREDIT CARD \$ 45.00
CHECK \$ 0.00
CHANGE \$ 0.00

Thank You !!!

3 DOLLARS 00 CENTS \$45.00

For Card Transaction Data

Thank You !!!

Sign :

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

Eaton, Kimberly@CDCR

From: Jessica Simmons [jessicas@globaltrav.com]
Sent: Thursday, January 21, 2010 8:27 AM
To: Eaton, Kimberly@CDCR
Subject: CATE/MATTHEW L 22JAN10 TAMPA CONFIRMATION.

*Hi Kim, I spoke to Southwest and they cancelled/refunded the other confirmation. This is the correct copy. Also, I asked them about the priority A list for boarding and they informed me that Mr. Cate needs just one more flight to qualify for this status. They said after this trip he will be on the "A list". Thanks for your patience. ~Jessica

THIS ITINERARY WAS ISSUED AT CATE/MATTHEW L*2533/10101/F13

GISELLES TRAVEL

H01

BY CORPORATE RES DEPT

DDT1J

1300 ETHAN WAY-SUITE 100

SACRAMENTO CA 95825

916 922-0330/800 523-0100

CA DEPARTMENT OF CORRECTIONS ETKT

AND REHABILITATION CA DEPARTMENT OF CORRECTIONS

PO BOX 187019 AND REHABILITATION

SACRAMENTO CA 95818-7019 PO BOX 187019

SACRAMENTO CA 95818-7019

INV. NO.ITIN DATE JAN 21 2010 RESERVATION NUMBER...VR21LC

22JAN 2010 - FRIDAY

SOUTHWEST 3078 COACH CLASS

LV: SACRAMENTO 610A NONSTOP MILES- 910 CONFIRMED

AR: DENVER 940A

EQUIPMENT-73G ELAPSED TIME- 2:30

SOUTHWEST 252 COACH CLASS

LV: DENVER 1015A NONSTOP MILES- 1506 CONFIRMED

AR: TAMPA 335P

EQUIPMENT-73G ELAPSED TIME- 3:20

SOUTHWEST 405 COACH CLASS
LV: TAMPA 1050A ONE STOP MILES- 2087 CONFIRMED
AR: SAN DIEGO 300P
EQUIPMENT-73G ELAPSED TIME- 7:10

SOUTHWEST 1995 COACH CLASS
LV: SAN DIEGO 400P NONSTOP MILES- 480 CONFIRMED
AR: SACRAMENTO 535P
EQUIPMENT-73G ELAPSED TIME- 1:35

* * * * *

CHECKED BAGGAGE POLICIES VARY BY AIRLINE. ASK YOUR AGENT FOR DETAILS
GOVT ISSUED PHOTO-ID REQUIRED FOR ALL PASSENGERS OVER AGE 18
IMPORTANT: VERIFY YOUR ITINERARY
USE WWW.VIEWTRIP.COM TO RECONFIRM - REFER TO RESERVATION NUMBER ABOVE
THIS TICKET IS NON-REFUNDABLE
**ITINERARY CHANGES REQUIRE THE TICKET BE REISSUED PRIOR TO
THE ORIGINAL TRAVEL DATE**
RULES CHANGE FREQUENTLY - CONTACT YOUR AGENT
THANK YOU FOR SELECTING GISELLES TRAVEL

| | | | | | |
|--------------------------------|--------|-----|---------|-----|--------|
| AIR TRANSPORTATION | 306.98 | TAX | 69.52 | TTL | 376.50 |
| TRANSACTION FEE-NON REFUNDABLE | | | | | 15.00 |
| SUB TOTAL | | | 391.50 | | |
| CREDIT CARD PAYMENT | | | 391.50- | | |
| AMOUNT DUE | | | 0.00 | | |

----- WE WILL CONTACT YOU IN CASE OF CHANGES -----

FOR AFTERHOURS EMERGENCY ASSISTANCE CALL: 800-523-0100

Memorandum

Date : 01/07/2010

To : Jason Fritz
Office of Secretary

Subject: **Out of state trip number**

Thank you for your OST trip number request. You have been assigned trip number **F13**. This trip number is to attend the American Correctional Association (ACA) Winter Conference for Carl Larson, Matt Cate, Chris Meyer and Terri McDonald that is dated January 22-27, 2010 and being held in Tampa, Florida

Please ensure that employees use this trip number to make all travel arrangements including travel advance request as it relates to OST request.

Employees are required to attach their trip number memo to their Travel Expense Claim. Failure to do so will result in the claim being rejected / returned.

If there are any changes to the information listed above, please notify my office by calling (916) 255-5451 or e-mail me at nashwa.marmosh@cdcr.ca.gov.

Thanks

Nashwa Marmosh
Senior Accounting Officer
Accounting Standards Branch